



IDAHO DEPARTMENT
HEALTH & WELFARE

COPY

C. L. "BUTCH" OTTER, GOVERNOR
RICHARD M. ARMSTRONG, DIRECTOR

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

October 31, 2008

Steve Silberberger
Seven Oaks Community Homes - Lynnwood
3940 West 5th Avenue #C
Post Falls, Idaho 83854

RE: Seven Oaks Community Homes - Lynnwood, Provider #13G049

Dear Mr. Silberberger:

This is to advise you of the findings of the Medicaid/Licensure survey of Seven Oaks Community Homes - Lynnwood, which was conducted on October 23, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **November 13, 2008**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

<http://www.healthandwelfare.idaho.gov/site/3633/default.aspx>

This request must be received by November 13, 2008. If a request for informal dispute resolution is received after November 13, 2008, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have questions, please call this office at (208) 334-6626.

Sincerely,



MICHAEL A. CASE
Health Facility Surveyor
Non-Long Term Care



NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MC/mlw

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/31/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G049		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/23/2008	
NAME OF PROVIDER OR SUPPLIER SEVEN OAKS COMMUNITY HOMES - LYNNWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 318 LYNNWOOD POST FALLS, ID 83854			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS			W 000	<p style="text-align: center; font-size: 2em; opacity: 0.5;">RECEIVED</p> <p style="text-align: center; font-size: 1.5em; opacity: 0.5;">NOV 25 2008</p> <p style="text-align: center; font-size: 1.2em; opacity: 0.5;">FACILITY STANDARDS</p>		
W 149	<p>The following deficiencies were cited during the recertification survey.</p> <p>The surveyor conducting the survey was: Michael Case, LSW, QMRP</p> <p>483.420(d)(1) STAFF TREATMENT OF CLIENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.</p> <p>This STANDARD is not met as evidenced by: Based on review of the facility's policies/procedures, investigations, and staff interview it was determined the facility failed to ensure policies and procedures for the prevention and detection of abuse were sufficiently implemented for 1 of 1 individuals (Individual #3) for whom abuse was alleged. This resulted in the potential for on-going abuse to occur. The findings include:</p> <p>1. An Investigation Report, undated, documented two staff at one of the facility's day treatment programs witnessed a third staff slap Individual #3's hand while at the lunch room table, on 8/18/08. The two staff reported the incident to the Day Treatment Manager, who instructed the staff to document what they saw. The Investigation Report further documented the Day Treatment Manager forgot about the incident until 8/27/08, when the two staff provided him with written documentation of the 8/18/08 incident. On 8/27/08, the Day Treatment Manager telephoned the facility's Administrator to report the incident, at which time an investigation was initiated.</p>			W 149			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

David R. Ricketts *Program Director* *11-21-08*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 149	Continued From page 1 The facility's Resident Abuse policy, revised 2/25/08, stated "Any employee who witnesses an act or has knowledge of resident abuse shall immediately...make a verbal report...to the Administrator or his designee, or the Medical Coordinator (Nurse)." The policy further stated the "Administrator or the Nurse will initiate an investigation upon notification" and "Investigations will be completed within 72 hours." The Investigation Report, undated, documented an investigation of the 8/18/08 allegation was not initiated until 8/27/08. Additionally, neither the Administrator or the Medical Coordinator had been notified as per the facility's Resident Abuse policy. Without implementing the Resident Abuse policy, the facility would not be able to ensure the prevention of further potential abuse. When asked during an interview on 10/22/08 from 1:15 - 1:40 p.m., the Administrator stated the Day Treatment Manager should have reported the incident immediately to the Administrator or the Medical Coordinator. The Administrator stated the facility's Resident Abuse policy was not implemented.	W 149			
W 153	The facility failed to ensure the Resident Abuse policy was implemented. 483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.	W 153	W153 As noted in W149 above, it is the facilities intent to insure that all individuals are protected from neglect and abuse and that such events are immediately reported. Toward that end, disciplinary action is aggressively pursued in all situations in which inappropriate conduct, including failure to report such conduct, occurs. At a minimum staff who fail to report incidences		

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W 153	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure all allegations of abuse were immediately reported to the administrator for 1 of 1 individuals (Individual #3), for whom abuse was alleged. This resulted in the potential for on-going abuse to occur. Findings include:</p> <p>1. An Investigation Report, undated, documented two staff at one of the facility's day treatment programs witnessed a third staff slap Individual #3's hand while at the lunch room table, on 8/18/08. The two staff reported the incident to the Day Treatment Manager, who instructed the staff to document what they saw. The Investigation Report further documented the Day Treatment Manager forgot about the incident until 8/27/08, when the two staff provided him with written documentation of the 8/18/08 incident. On 8/27/08, the Day Treatment Manager telephoned the facility's Administrator to report the incident, at which time an investigation was initiated.</p> <p>Due to the Day Treatment Manager's failure to relay the allegation to the Administrator, there was a nine day delay in reporting the allegation of abuse to the facility's Administrator.</p> <p>When asked during an interview on 10/21/08 from 10:45 - 10:50 a.m., the Day Treatment Manager stated he should have immediately contacted the Administrator regarding the allegation, but was distracted because he was on his way to a meeting.</p> <p>The facility failed to ensure all allegations of</p>	W 153	<p>W153 continued are given formal written counseling and depending on the severity of the incident employment is often terminated in such cases. In addition further training related to this policy and the importance of reporting incidences of abuse or neglect have been provided for staff at this work location.</p> <p>Completion Date: October 24, 2008 (Actual Investigation and disciplinary action completed on August 29, 2008, prior to survey) By Whom: Administrator</p>		

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W 153	Continued From page 3 abuse were immediately reported to the Administrator.	W 153			

Bureau of Facility Standards

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MM177	<p>16.03.11.075.09 Protection from Abuse and Restraint</p> <p>Protection from Abuse and Unwarranted Restraints. Each resident admitted to the facility must be protected from mental and physical abuse, and free from chemical and physical restraints except when authorized in writing by a physician for a specified period of time, or when necessary in an emergency to protect the resident from injury to himself or to others (See also Subsection 075.10). This Rule is not met as evidenced by: Refer to W149 and W153.</p>	MM177	<p>MM177</p> <p>Please refer to W149 and W153</p>		

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

8BSD11

TITLE

(X6) DATE

Claude Pickett
Program Director
November 21, 2008

If continuation sheet 1 of 1